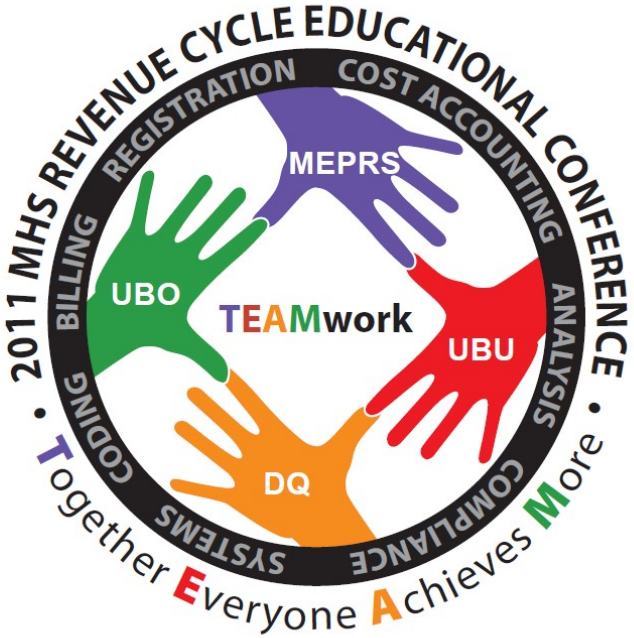

Title: **AHLTA-Related Issues for Coders**

Session: **W-6-1330**

Objectives

- Determine the coders role in AHLTA
- Identify AHLTA issues that impact coding
- Learn where to go for answers

Coders Role in AHLTA

- Coders focus
  - Concentrated effort or attention on a particular thing
- Audits
  - A systematic check or assessment
- Compliance
  - Conforming with or agreeing to do something
- Training
  - The process of teaching a skill

Coders Role in AHLTA – Focus

- To be most effective, coders must learn to educate providers by understanding the way AHLTA "thinks" and show them how to work within the AHLTA system to:
  - Apply
  - Override
  - Or accept the auto-assigned E&M code
- Work closely with AHLTA trainers
  - Updates
  - Templates
  - Roles

Coders Role in AHLTA – Focus

- Non focus on liability
  - Provider is responsible for clinical/medical
- Compliance
  - Documentation compliance is not required
- Identify incorrect coding practices
  - ICD-9
  - CPT/HCPCS
- Prevent incorrect billing practices
  - Work with clinics to understand capabilities

Coders Role in AHLTA – Audits

- Medical necessity
  - CMS
  - DoD
  - Private payers
- Documentation
  - Multiple entries – “linking” is important
  - Different types of medical records – dictation/SF600
  - Organization – no specific guidelines
- Procedures
  - X-ray
  - Minor procedures

Coders Role in AHLTA – Audits

- Providers
  - Do your providers know what you look for?
- Coders/auditors
  - Are coders and auditors on the same page?
- AHLTA trainers
  - Do your AHLTA trainers know what requirements there are?

KEY – Standardized audit methodology

Coders Role in AHLTA – Compliance

- Compliance plan places a responsibility on the coder/auditor to report non-compliance
- Designed to detect and correct violations
  - Coding
  - Billing
  - Data quality
- Defines your standard practice
  - CLIA waived labs
  - Procedure over reads
  - 95 vs. 97 Documentation Guidelines
  - other

Coders Role in AHLTA – Compliance

- The key to coding compliance is
  - Correct documentation
    - Work with your providers
    - Canned statements
  - Correct codes
    - Provide codes for favorite list
    - Specialty
  - Correct guidelines
    - Ensure you provide official supporting documentation
  - Standardized audit methodology
    - Open and constant communication

Coders Role in AHLTA – Training

- Make it a Partnership – Providers and Coders
  - AHLTA training – Providers, AHLTA trainer AND Coder/Auditor
  - Use of templates to streamline documentation
  - Feedback and training to provider – YOU NEED TO CLOSE THE LOOP!
  - Someone needs to be available to answer questions as they arise – ideally on-site
  - Coding resources should be up-to-date

Coders Role in AHLTA – Training

- Provider feedback – closing the loop
  - CCE provider communication
  - One-on-one
  - Group
- AHLTA templates
  - Default to 97 guidelines
  - Specialties – 95 guidelines
- Documentation guidelines – current to your system
  - DoD – provide what pertains to them
  - ICD-9 and CPT

Coders Role in AHLTA – Training

- A lot of what is done is not “codable”
  - Effectiveness reports/civilian appraisals
  - Discussing an AD with mental health condition with his/her Commander
  - Participating on MEBs
  - Reviewing charts only to have the patient no show
  - Waivers/PHA/pre- and post deployment briefs
  - Quality assurance (over reading EKGs)
  - Preparing and giving talks at grand rounds
  - Medical in processing

AHLTA Issues – Problem Areas

- ICD-9
  - Specificity
  - Terminology
  - Px – Secondary listing
- E&M
  - Doesn’t fully consider appropriate MDM
- CPT
  - Point and click
- Modifiers and Units
  - Cumbersome

AHLTA Issues – Diagnosis

- Specificity
  - Unspecified
  - Benign vs. malignant HTN
  - Sprain vs. strain
  - Pain vs. injury
  - Acute vs. resolved
  - Follow-up vs. acute
- V codes
  - History
  - Screening

AHLTA Issues – Diagnosis

- DoD extenders
  - Deployment
  - Physicals
- Prioritization (CPT/ICD 9)
- Inconsistent documentation
  - Tobacco disorder
  - Injuries
- Linking
  - Immunization
  - Procedure

AHLTA Issues – E&M

- <50% Counseling and Coordination of Care
  - Documentation
    - No document details of counseling and/or coordination of care
  - Over used/improper use
  - Bundled into E&M
    - Diagnosis, medications, treatments, alternatives and potential side effects
  - Inconsistent time stamp
    - Initial entry (0840)
    - Signed (0900)
    - Does not meet 99214 if details, presenting problem/medical necessity not present

AHLTA Issues – E&M

- Specialties (providers often document to these)
  - Specialty worksheets
  - 95 guidelines
  - Systems
- Primary Care (providers don't always document to these)
  - Multi-system worksheet
  - 97 guidelines
  - Bullets
  - Chronic conditions
  - E codes

AHLTA Issues – E&M

- Preventive Medicine
  - Records review
  - Wellness appts default
- Consult – codes still available
- Post operative follow-up – no dates
- Evaluation and management with:
  - Preventive Medicine
  - PT/OT, nutrition, etc.
  - Procedures same day

AHLTA Issues – Procedures

- Documentation requirements for interpretation and report
  - Although the interpretation does not have to be on a separate page, the summary of findings must contain sufficient detail that a conclusion of the significance of the findings can be made.
  - Documentation must include descriptive or tabular summary.

Be Familiar With Documentation Requirements For

Procedures

AHLTA Issues – Procedures

- EKGs
  - "EKG-neg" or "EKG-acute MI," not adequate
- PFTs
  - Simply clicking procedure is inadequate
- Radiology – performed in clinic
  - Site
  - Number of views
  - Summary

AHLTA Issues – Procedures

- Obstetric ultrasounds **
  - Separate reports should be linked
- Minor procedure reports
  - Reports give us the medical, legal and technical aspects of a performed procedure, (i.e., site, technique, etc.)
- Immunizations/infusions
  - Method, units and substance (start and stop for infusions)

**Reports should document the results of the evaluation of each element described above or the reason for non visualization

AHLTA Issues – Procedures

- Pharmaceuticals and Injectables
  - HCPCS Level II codes will only be used when the pharmaceutical or injectable is paid for directly from the clinic's funds, and is not a routine supply item
  - If a drug is issued by the pharmacy to the patient, and the patient brings the drug to the clinic for administration, the drug will not be coded, as the pharmacy was the service issuing the drug

AHLTA Issues

- Modifiers
  - AHLTA does not apply or prompt for appropriate modifier
  - Do not currently flow to the SADR
- Units of service
  - No additional credit

AHLTA Issues

- If a nurse is the only individual who interacts with the patient on the telephone, is it a legal medical record if the doctor signs it and takes credit for it?
- If a technician is the only one involved with patient care, is it a legal medical record if the doctor signs it and takes credit for it?
- Work with your compliance team and identify issues that contradict business and workload rules
- Don’t compromise your integrity or commit fraud for Relative Value Units

Resources

- Run reports
  - Run report to identify encounters
    - CCE worklist **OR**
    - Run Preview List in CHCS
- ADM Write-Back Error Report
  - Look at error types
  - Correct the ones you can
  - Monitor the ones corrected at corporate

Resources

- Coding Service Representatives (Names have been redacted)
  - Army
  - Air Force
  - Navy
  - Navy
- Guidelines
  - 95 and 97 Documentation
  - DoD Coding Guidelines
  - Service specific workload guidelines
  - UBO billing guidelines

Resources

- Networking
  - Within your company
  - Within your service
  - Within your chapter
- Continuing education
  - Research
  - Learn
  - Teach

Summary

- Discussed coders/auditors focus and role in AHLTA
- Identified some current issues impacting coding
- Determined correct requirements
- Identified where to go for answers or resolution